

HUMAN SERVICES BOARD

# INTRODUCTION

## FINDINGS OF FACT

2. The petitioner attempted to make appointments with the Medicaid providers he was referred to, but neither of the out-of-town oral surgeons had any openings for emergency

treatment. On July 17, the petitioner went to an oral surgeon in Brattleboro and received the necessary treatment, which he paid for with his credit card. The petitioner represents that the cost of this treatment was around \$750.

3. After receiving the treatment the petitioner requested the Department to provide reimbursement for those services under Medicaid. The Department has notified him that the service cannot be covered because the oral surgery clinic where he received his treatment is not enrolled as a Vermont Medicaid provider.

4. The Department represents that it has contacted the clinic in question and has offered to cover the services under Medicaid if the clinic will enroll as a Vermont provider. The Department further represents that it has informed the provider that enrollment is a simple and cost-free procedure, but that the provider has nonetheless declined.

5. The petitioner is disabled and relies on Social Security and SSI disability payments as his sole income. However, when he had the surgery in July he had recently received lump sum retroactive benefits, and he still had about \$1,000 in the bank, which he was able to use to cover his credit card bill for the surgery.

ORDER

The Department's decision is affirmed.

REASONS

The Medicaid regulations specifically preclude payments for "items and services ordered by an individual not enrolled as a Medicaid provider". W.A.M. § M151.1(I). The regulations define providers as those "currently approved to provide medical assistance to a beneficiary pursuant to the Vermont Medicaid Program". Id. § M155.1. Moreover, § M152 provides that Medicaid payments cannot be made directly to a recipient.

In this case, the petitioner does not dispute the Department's representation that the provider in question is not and has refused to become enrolled in Vermont Medicaid, and there is no question that the Department's decision not to cover the services in question under Medicaid is supported by the regulations. Although it may be harsh to, in effect, require Medicaid recipients to bear the financial risks of emergency treatment when it is not available through a local Medicaid provider, it cannot be concluded that limiting Medicaid coverage to enrolled providers is either fundamentally unfair or contrary to public policy.

Had the petitioner been without resources on the day in question, he may have been eligible for General Assistance (GA) for the emergency medical treatment he required. However, GA is limited to only those individuals who have exhausted all income and resources. See W.A.M. § 2620. Thus, the Board is bound to affirm the Department's decision in this case. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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